



#7/C
(A.E.)
9-12-02
J

BOX AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2624

03560.001549.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Douglas Q. Tran
HIROHIKO ITOH ET AL.)	
	:	Group Art Unit: 2624
Application No.: 09/322,177)	
	:	
Filed: May 28, 1999)	
	:	
For: IMAGE PROCESSING)	
APPARATUS AND IMAGE	:	
PROCESSING METHOD)	September 5, 2002

Commissioner For Patents
BOX: AF
Washington, D.C. 20231

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Official Action dated June 5, 2002, please amend the
above-identified application as follows:



AF/2624

In re Application of:

Docket No. 03560.001549.1

HIROHIKO ITOH, ET AL.

Application No.: 09/322,177

Examiner: D. Tran

Filed: May 28, 1999

Group Art Unit: 2624

For: IMAGE PROCESSING APPARATUS
AND IMAGE PROCESSING METHOD

Date: September 5, 2002

COMMISSIONER FOR PATENTS

BOX: AF

Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	21	MINUS	21	0	x \$9 \$18	0
INDEP. CLAIMS	6	MINUS	6	0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$___ is enclosed.

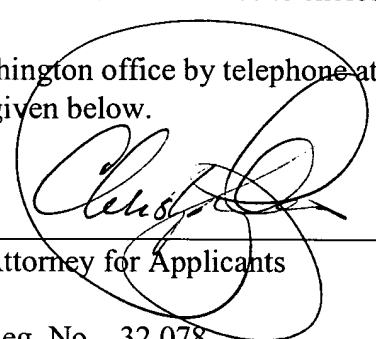
☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Attorney for Applicants

Reg. No. 32,078

FITZPATRICK, CELLA, HARPER & SCINTO

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New York, New York 10112-3801

Facsimile: (212) 218-2200

CPW\gmc

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